

NORTHERN CALIFORNIA ARTHRITIS CENTER

120 LA CASA VIA, SUITE 204

WALNUT CREEK, CA 94598

(925) 210-1050

Fax: (925) 210-1082

Rajiv K. Dixit, M.D., F.A.C.P.
John M. Loeb, M. D., F.A.C.P.
David W. Wu, M. D. F.A.C.R.

Rashmi B. Dixit, M.D., PhD.
Zuzana U. Foster, M.D., F.A.C.P.
Anthony S. Padula, M.D., F.A.C.R.

Dear Patient:

Thank you for selecting us as a medical provider for your health care needs. It is our privilege to provide high quality rheumatology services to you. We would like to take this opportunity to welcome you to our medical office.

Enclosed please find registration forms to complete. You may also download these forms at www.ncacmd.com. Please take the time to fill out the forms completely and accurately and bring them with you to your first appointment. This helps us to provide more time during your visit to discuss management plans. Please review the Notice of Privacy Practices enclosed in your package and sign the acknowledgement section of your registration form.

In order to provide the best quality medical care, we would like to request that you bring any necessary referral letter from your referring physician and any pertinent laboratory or imaging reports performed within the last 3 to 6 months. You may ask your referring physician to mail or fax these reports to our office. This will ensure that our physician has the necessary information to proceed with your care.

Please bring your insurance card and a picture ID card with you so that we can make a copy. According to insurance industry regulations, we have to collect co-payments at the time of your office visit. Checks, cash, and credit cards are accepted at the time of service. Your cooperation in this matter prevents rescheduling of your appointment. If you do not have insurance, total payment is expected at the time of service.

It is our mission to accommodate all patients. If you are unable to keep your appointment, please cancel your appointment at least 3 days prior to the appointment time so that we can accommodate other patients in need of health care. Your attention to this matter prevents a charge for not showing for your appointment. Your insurance company will not cover this charge. The charge for late office cancellation is up to \$100. We understand emergency situations are out of your control.

Federal and State law allows us to use and disclose our patients' protected health information in order to provide health care services to them, to bill and collect payments for those services, and in connection with our health care operations. We also use a shared Electronic Medical Record that allows our physicians and staff to access our patients' health information. Information in the

Electronic Medical Record can be released only with the patient's express authorization, or as otherwise specifically permitted or required by law.

Your health and concerns are important to us. We do our best to provide high quality health care for you. Please provide a list of questions prior to your visit in order to utilize your visit efficiently.

We appreciate your choosing us and welcome you to our practice. If you have any questions or need directions, please do not hesitate to call us at (925) 210-1050. We are looking forward to your visit.

Thank you.